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Ralph M. Obler, M. D., Editor

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STAFF

H. Michael Rosow, M. D.
Morton Shane, M. D.
Donald G. Siegel, M. D.
Carl Sugar, M. D.
James T. Thickstun, M. D.
Heiman Van Dam, M. D.

Congratulations to the following who have been elected to Society membership during the past year:

David Abrahams, M. D.
Lee Gold, M. D.
Carolyn Hays, M. D.
Sumner Shapiro, M. D.
Elliott Foxman, M. D.
Richard Wonka, M. D.
Andrew Patterson, M. D.
Myron Rappaport, M. D.
Douglass Orr, M. D.

Christmas Party:

Thursday, December 22 - 6 to 9 p.m.

Santa Ynez Inn

Please hold this date open - - - - - announcements to follow

AN ATTEMPT TO ISOLATE A TYPICAL FORM OF TRANSFERENCE IN NEUROTIC DEPRESSION: A DESCRIPTION OF THREE STAGES - presented to the Los Angeles Psychoanalytic Society, March 17, 1966, by Dr. John Klauber.

Morton Shane, M. D., Reporter

There is a class of neurotic patient who reacts acutely and chronically with a depressive mood. Though they can be contrasted to melancholic depressives, a melancholic substratum is always detectable. These neurotic patients may present with a liability to depressive moods as a leading symptom or they may not; eg: headaches, crying attacks, acute anxiety, inhibitions at work, or incapacity for sexual commitment. Not infrequently, there is a heavily traumatic family background: separations, infidelity of parents, drunken father, masochistic mother, and so on. They have experienced a prolonged sense of isolation in childhood. Three features characterize their object relationships: (1) they are afraid of loving because they fear the pain of disappointment, (2) anger with their disappointing early objects is transferred onto their present objects, which never satisfy, and (3) self doubt based on the feeling their objects disappointed them because they themselves were unlovable.

The patient's images of himself are split into an ideal image, libidinal and omnipotent, and a degraded image, felt as uncontrollably aggressive. His objects have been alternately idealized and degraded. This ambivalence is solved by condensing the image of the self with the degraded part image of the object, while a remaining part-image of the object is idealized, becoming a model for the ideal self.

In the analysis of such patients three typical stages of transference are discernable. In the opening phase, the depressed patient presents his hopelessness and inadequacy exaggeratedly, thereby revealing his degraded self-representations. He invites the analyst to take over the role of his ideal image, an omnipotent savior. The ambivalence in the patient's subservience to the analyst needs to be interpreted as a defense against his aggression which he fears will destroy his precariously held object relationship. Doubt and uncertainty about loving and hating his parents seems to indicate a real problem from his early environment. The work of integrating the degraded part-object representations with the idealized part-object representations into a whole object brings with it a gain of reality sense.

In the middle phase, the awakened awareness of object loss emerges into the transference in its full primitivity and is not always easily contained, sometimes requiring a modification of standard technique. Images of idealized and degraded objects are then brought together in the contex of the transference neurosis (illustrated by clinical examples).

In the final phase, object images no longer appear so unattainable, since the liberation of aggression lessens the defensive need to idealize them. The patient then feels freer to evaluate the analyst's character, in particular, his weaknesses. By admitting to such weaknesses, inescapably confronted, the analyst helps the patient test the reality of his degraded self-images against the reality or otherwise of the omnipotent object images.

Dr. Robert Dorn believes this class of patients is increasing and gave examples from his practice. Their problems are so fixed that neurotic

depression is too euphemistic a term; depressive character disorder more accurate. Pre-oedipal traumas, ranging from a subtle mismatching of mother and infant to flagrant abuse, lead to more feelings of frustration and helplessness than can be handled. The consequences are over-idealization of objects, poor fusion of libido and aggression, ambivalence, and persistence of primitive defenses. Such patients also show a premature hypertrophy of ego defenses. Too early use of reaction formations do not allow for a gradual, more reality-bound, growth of defense mechanisms against oral and anal drives. The body becomes a focus for feelings and fantasies. Analysis, when successful, remains long and difficult.

Dr. Morris Beckwitt commended Dr. Klauber for his skill and understanding in treating the patients he discussed. Analysts are potential facilitating foster parents, willing to provide for their patients opportunities to correct painful errors of childhood interpersonal experiences via timely and tactful interpretations. With Dr. Klauber he agreed depression is a deficiency disease and including a deficiency of libido in comparison to aggression. These patients demonstrate a restless, hungry seeking for objects, whom they then use as parent substitutes to complete their growth.

Dr. Elliott Foxman said that a more careful differentiation should have been attempted to distinguish depression as a symptom and adult symptomatology from infantile precursors (Zetzel). Does a term "depressive transference neurosis" add anything to our conception of "transference neurosis?"

Dr. Arthur Malin asked for examples from Dr. Klauber illustrating how he admits to the reality of his patient's complaints about him. (Answer: Difficult to do publicly.)

Dr. Morton Shane wondered why Dr. Klauber preferred the term "part-object" to need-gratifying object. (Answer: Need-gratifying object has too biological, anaclitic a ring to it.)

Dr. Irving Berent wondered how Dr. Klauber related masochism to depression. (Answer: They are first cousins, so to speak.)

Dr. Elaine K. Pollit found that sometimes with patients who project the negative parts of themselves onto their mates, a deviation from classical technique can be effective such as a joint interview with patient and spouse.

Dr. Klauber answered all discussants. He liked Dr. Dorn's suggested term of "neurotic character disorder." The depressive transference neurosis is a type of transference neurosis not well-described in the literature. We need to differentiate the typical forms of transference related to typical symptoms. A deficiency theory of depression (Fenichel, Bowlby, Spitz) can be contrasted to a conflict-theory of depression (Freud, Melanie Klein). A possible synthesis of these two approaches is to see the conflict in depression as a secondary reaction, a consequence of the more primary deficiency etiology.

PANEL DISCUSSION ON TRANSFERENCE AND COUNTERTRANSFERENCE - presented to a Joint Meeting of the Los Angeles and Southern California Psychoanalytic Societies on February 17, 1966

Morton Shane, M. D., Reporter

Dr. Maimon Leavitt opened the panel with the hope that frequent contact

etween our two societies will serve to undo the "isolation" which has defended us against the affects of the past.

Dr. Gerald J. Aronson presented a paper, "Some Types of Transference and Countertransference." There is a tradition in psychoanalysis to turn obstacles into major instruments of treatment. Freud stated in 1912 that transference manifestations are both the greatest hindrance and yet of indispensable help to the treatment. This same kind of jiu-jitsu flourishes to the present, being applied to mechanisms of defense, acting out, negative therapeutic reactions and early persistant object relations. When Freud writes of the transference, he is referring to emotions, actions, and fears pertaining to oedipally held, incestuously cathected, family members of early life; i.e, whole objects. Transferences springing from this period carry with them the appurtenances of secondary-process thinking, thus enabling the patient to understand he is reacting to us as if we were father or mother. We will call these reactions normal transferences. In other kinds of reactions toward us the ratio between transference reaction and sense of reality is grossly tilted; the analyst is considered not a surrogate but the object itself. This is an erotized transference. In the psychosis a third type of transference is noted, the archaic transference, in which the analyst is seen as either dehumanized, a part of the patient's body or a score of cut-up, monstrously reconstructed percepts.

These three types of transference have not been equally valued by us though all types probably coexist and comingle in the same patient. We must include understanding and interpretation of all three to consider treatment to be complete.

Dr. Harvey D. Strassman questioned the use of "normal" in referring to transference. Dr. Aronson amended it then to "classical" to avoid confusion. Dr. Saul L. Brown then presented his paper on "Regressive Crisis and Transference." Transference is a phenomenological construct through which the regressive components of a current object relationsip can be ordered and understood. Transference reinactment requires a reciprocal partner. Ego crisis may occur when the object fails to comply with the expectant regressive impulse, with the danger of object loss and serious ego anxiety. In the family, failure of reciprocal response is resolved through splitting of the regressive longings among several others. In the psychoanalytic situation, the analyst tries confrontation, clarification, and interpretation to appeal to the patient's ego to acknowledge the unrealizability of the expectations. Occasionally, and if well-timed, acknowledgement of his own affect can be a reassuring substitute for the sense of imminent object loss when the analyst fails to become enmeshed in mutual regression. Merely a statement by the analyst of what is going on within the patient may not be enough; the inclusion of the analyst's own self as experiencing object makes the internal object loss tolerable. Several sample interpretations followed which illustrated how the analyst communicates how he has been reached by the patient at a time of ego crisis over fantasied object loss; e.g, "I must admit I'm tempted to shout you down - that would be orgiastic, wouldn't it?"

Dr. Melvin Mandel followed with a paper on countertransference, noting the difficulties in exposing oneself to public view that this subject brings with it. Always associated with failure and fault, the study of countertransference must

merge from purely pathological considerations to find its rightful place as an aspect of psychosanalysis proper, properly performed. The analysis of many disturbed patients requires the awareness on the part of the analyst of affects that have been triggered by the patient, without ever interpreting this directly to the patient; there is rarely need for this. Searles says, "the analyst's own inner awareness is the main thing here; when one recommends .....overtly expressing such feelings to the patient, one is on dubious and shaky ground." There are points in the course of any analysis when the analyst must feel feelings with some strength in relation to his patient before the work can be meaningfully resolved. Returning to Dr. Aronson's paper, countertransference, a potential obstacle can be converted to a therapeutic tool.

Dr. Harvey Strassman completed the panel with some remarks on transference difficulties in character analysis, with special reference to shame. This arises from a conflict between the adult ego ideal and the regressed child ego. The transference toward the analyst as a pregenital parental object brings forth defenses against wishes to receive love; e.g, conscious deception, projection of the parental (superego) imago, erotization of tender pregenital wishes, or avoiding the transference by escaping into considerations of external reality. To prevent the latter, the analyst must direct the analysis in the direction of the transference by seizing on reality experience, not contrived, which involves the analyst. This will eventually lead to the emergence of transference wishes, including feelings of shame arising from such wishes.

A discussion followed among the panel members. Dr. Strassman hoped the panel would not resemble the airliner that was hopelessly lost -- but making good time. Dr. Brown questioned the usefulness of Dr. Aronson's classification, wondering if it was pseudo-objective. Dr. Aronson replied such classifications are useful if they hold up under the test of time. So far, he said, his classification has lasted three days. Dr. Mandel addressed himself to a remark of Dr. Brown's, agreeing that we are limited by our identity as analysts. But we need to explore these limits and within ourselves, especially, unfreeze. Dr. David Brunswick asked if Dr. Aronson's classification was not related to stages of psychological development. Dr. Aronson agreed without at this time feeling he could properly make the correlation.

Dr. Sheldon I. Selesnick wished to differentiate between real, genuine attitudes and countertransference attitudes by citing a clinical example in which he felt a slip that revealed his sexual interest in his patient to be a non-countertransference response but rather a normal response to her as a woman and told her so.

Dr. Lawrence J. Friedman stressed the artificiality of the analytic situation. Our job is to arrange conditions wherein the patient is freest to express what he is otherwise reluctant to express. When we reveal our own feelings, we put a tremendous burden upon the patient which should be carried by the analyst. Also, it is unnecessary to interpret every level of transference; some very regressed levels do not require interpretation at all. Dr. Leo Rangell said though transference and countertransference occur regularly, they are handled differently. Transference tells us about the patient, countertransference about ourselves. We do not impose our

nderstanding of ourselves onto the patient but rather, by self-analysis, get them out of the way of the patient's analysis. We try to understand instead of reacting to our patients. It is not refreshing to be met by an analyst who reacts like everyone else. Empathy, not sympathy, is called for. Dr. Leavitt added that understanding is the one best thing an analyst has to give to his patient.

In response to a question by Dr. Albert H. Schrut, Dr. Aronson did not feel that leaving an idealized view of the analyst unanalyzed was at all helpful. In the treatment of the very sickest patients sometimes analysts will not tackle the idealized transferences, but this should not be viewed as a strategy of choice; a virtue should not be made of a continuing difficulty.

RAL HISTORY COLLOQUIUM -
Albert Kandelin, M. D., Chairman, History Committee

The First National Colloquium on Oral History was held September 25-28 at the University Conference Center at Lake Arrowhead, organized by the staff of UCLA's Oral History Office. Close to one-hundred people gathered from all parts of the country and overseas, evidence of a great growth in interest in the use and potential of oral history methods. Writers, historians, librarians, educators and scholars came from a wide spectrum of interest; in addition to the academic world, others were from industry, newspapers, or special professional fields, such as myself. This wide variety of identities from so many backgrounds all combining their experiences in a common discussion gave this conference a richness and philosophical depth which was quite unusual and experienced by all.

One session was devoted to "Definitions of Oral History." A fascinating survey of their experiences was presented by Philip Brooks of the Harry S. Truman Library, Wayland Hand of UCLA's Folklore and Mythology Center, and Louis Starr of Columbia's Oral History Office. Allan Nevins, the eminent historian, spoke on the Uses of Oral History. He was the first to see the potential in a new invention and made the modern tape recorder a new tool for history. He also started the oral history collection at Columbia, the country's largest.

Professor Louis Shores, of Florida State University, spoke on "Directions for Oral History," a lively and speculative account of anticipating historical techniques and patterns in the future. Other sessions aimed at establishment of standards and goals, and I contributed a paper to a panel on techniques. I spoke about psychiatric interviewing and its evolution and aimed at comparisons and contrasts to other fields of interviewing.

The medical profession was represented by Dr. Victor Witten of Miami, interested in the history of Dermatology; Dr. Albert Lyons, a practicing surgeon and Archivist for Mt. Sinai Hospital, New York; and Dr. Peter Olch, formerly of Los Angeles, now a medical historian at the National Library of Medicine in Washington. Dr. Sheldon Selesnick was present. He is the author of "The History of Psychiatry" in collaboration with Alexander. Among others on the roster of attendance were people from the Institute of Early American History and Culture, Desert Research Institute of the University of Nevada, a jazz historian, and Joseph Malone, Professor of History at American University of Beirut.

Many interesting demonstrations were presented; the most outstanding were Professor Shores' sound film interviews with Nehru, Robert Frost, Pablo Casals, and Frank Lloyd Wright. Other demonstrations included a presentation of modern video-tape techniques. Sound tape and transcript seems destined to remain the basic method, itself not inexpensive due to the transcribing expense, but with many advantages once the transcript is completed.

What did I learn at this meeting which is of practical value for our Society's historical program? In the first place I learned in an impressive way the high level of interest and activity in the study of contemporary history based on data supplied through the reminiscences of people now living. This should lead to an evaluation of our oral history interviews, most of them made about three years ago. Should they now be expanded? Should repeats or supplements be obtained from our first group of respondents? Is it now time to expand to include others we missed the first time? Should we extend the earlier goal, the collection of California psychoanalytic history, to include now any data about analysis anywhere? To me it seems the answer should be yes, clearly so. Possibly some collaborative efforts with other agencies would be mutually profitable such as with UCLA, the State Department of Mental Hygiene, The American Psychoanalytic Association, or the American Psychiatric Association, each of them now engaged in historical researches and with plans for extending them.

RESEARCH DIVISION -

Justin Call, M. D., Chairman

The Research Division, consisting of Drs. Aronson; J. Hoffs; Stoller; Shane; Leavitt; Sperling (ex officio); and Call, Chairman; has met and will devote its energies to the creation of a climate in which to promote a more effective dialogue between analysts themselves and between analysts and non-analysts who are doing research work which may have significant implications for psychoanalysis as a general psychology or for psychoanalysis as a method of treatment.

Program priority will be given for the year beginning January, 1967, to planned clinical investigations by members and candidates in which primary data is presented and methods of data analysis and interpretation are clarified. If necessary, several evenings will be made available to an investigator to present and discuss his data in depth. Dr. Robert Stoller has agreed to open with a three-evening series of his studies on gender identity, beginning January 24, 1967. We are in the process of arranging a one-evening session with Dr. Robert Wallerstein to discuss some of the problems in psychoanalytic research, and we also are interested in arranging an invited address by a philosopher interested in psychoanalysis and philosophy of science to tackle some of the broader issues involved in psychoanalytic research.

All members and candidates who wish to present ideas on on-going work or projects which have been completed can expect to gain a prompt and, we hope, a helpful hearing specifically tailored to their needs and wishes. Those interested, please contact Justin Call or any other member of the Committee.

REPORT OF THE SECOND PAN-AMERICAN CONGRESS FOR PSYCHOANALYSIS, August 1966, by Norman B. Atkins, M.D.

Dr. Leo Rangell, Dr. Rudolf Ekstein, Dr. Hilda Rollman-Branch, and Dr. Norman Atkins represented our Society at the Second Pan-American Congress for Psychoanalysis held in Buenos Aires, Argentina, July 31 through August 4 of this year.

Dr. Rangell and Dr. P.J. Van der Leeuw, President of the International Association, were the two official guests of the Congress. Dr. Rangell addressed the opening and closing sessions of the Congress and presented a paper to the symposium on "The Psychoanalytic Process."

Dr. Ekstein contributed to the formal discussion of the symposium on "Transference and Countertransference." I had the pleasure of serving as moderator of the workshop on "The Role of the Oedipus Situation in the Analytic Process" and as recorder of the "Round Table on Transference, Countertransference." As well as attending the Pan-American Congress, Dr. Branch was a formal participant in the Latin-American Congress in Montivideo, which immediately preceded the Pan-American meeting.

We were surprised and impressed with the maturity of the Argentine psychoanalytic community, the candidates and the members. We found them to be exceptionally serious and devoted students of psychoanalysis, eager to hear and understand our North-American psychoanalytic points of view. Their orientation derives primarily from the British and French schools as well as from classical Freudian analysis. They have developed from this background theoretical and clinical viewpoints which are distinctly Argentine. It was possible to have, during the Congress, provocative and interesting discussion with a real exchange of ideas.

Facilities for simultaneous translation in Spanish, English, and Portugese were excellent with portable transistorized receivers so that participants could move freely within the meeting rooms.

Despite some theoretical differences with the Argentinians and other South Americans, our discussions were cordial and with a genuine mutual respect.

We will always remember the graciousness and hospitality of our Argentine colleagues. Their warmth and friendliness was overwhelming. I hope some day we in the United States will have a chance to reciprocate, particularly if a Pan-American Congress should be held in Los Angeles.

SAN DIEGO NEWS - James Thickstun, M. D.

In spite of its being summertime, the San Diego Psychoanalytic Study Group has managed to keep fairly busy. As well as a number of meetings devoted primarily to organizational matters, we have had four scientific meetings. The first two were given by local psychoanalysts. For the latter two we were fortunate in being able to make use of the presence of two visiting psychoanalysts, here primarily for other reasons. On June 15, Dr. Keith Bryant gave a paper entitled, "The Struggle For Identity In a Severely Disturbed Adolescent"; and on August 17, Dr. James Thickstun gave a paper entitled, "A Review of Freud's Economic Standpoint." On September 28, Dr. Philip Holtzman, Director of Research of the Menninger Foundation, gave a seminar on "Problems of Psychoanalytic Research." The material for this

s taken from some of Dr. Holtzman's papers, including one as yet unpublished. Dr. Stephen Fleck, a member of the Western New England Psychoanalytic Society and Professor of Psychiatry and Public Health at Yale University, was in San Diego over the weekend of October 28 and 29 to address the San Diego Chapter of the Southern California Psychoanalytic Society. He met with the Study Group on Saturday afternoon, October 29, giving a paper entitled, "Pregnancy as Substitutive Behavior."

As you can see by the above, our Program Chairman, Dr. Peter Manjos, has been very active in his efforts to prevent further "stimulus deprivation" in San Diego. Dr. Philip Baratta has also had a busy summer in his role as Chairman of the Extension Division and has arranged for a series of seminars to be given by Dr. Keith Bryant for psychiatric social workers on "ormal and Abnormal Personality Development." As a child analyst, Dr. Bryant is well-equipped to conduct these seminars, and a good community response is anticipated. This is our first series of seminars and will be limited to ten participants. While a number of our members are active within the community as consultants etc., the Extension Division represents our basic means of contact, as an organization, with the community and allied disciplines. Its success will be an important factor in the development of our local group and its acceptance within the community.

MEMBERSHIP ACTIVITIES -

Donald Siegel, M.D.

Adio Freeman was awarded a citation for outstanding service as a member of the Medical Advisory Council, Air Force Association, in hington, D. C.

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Michael Rosow has been appointed "Group Leader" for UCLA Junior Medical Student psychiatric teaching course. He also has been appointed psychiatric consultant to the V. A. Brentwood Hospital supervising their psychiatric residents.

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Carel Van der Heide has been made a fellow of the Board on Professional Standards of The American Psychoanalytic Association and has also been appointed a member of its Committee on Institutes for the years 1966-1969.

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Max Hayman has published a book, "Alcoholism: Mechanism and Management," published by C. C. Thomas. He also has papers published on "Methods of Therapy in Alcoholism," in California Medicine;"The Medical Practioner, Alcoholism, and the Law," in Journal of Forensic Science, "The Influence of the Age and Orientation of the Psychiatrist on the Use of Drugs," in Comprehensive Psychiatry. He also presented papers at the North American Association of Alcoholism Program and spoke on "The Addiction Syndrome" to the San Francisco Medical center.

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Rudolf Ekstein has papers in the Bulletin of the Menninger Clinic on "The Orpheus and Eurydice Theme in Psychotherapy" and Perspective: Roaming the Behavioral Sciences" in Psychiatric News, August edition. Among the lecture and panels he has contributed to are a lecture to the Psychoanalytic Society of Rio de Janeiro on psychoanalytic training, to the Mount Zion Hospital and Medical Center in San Francisco on "Psychotic Adolescents and Their Quest for Goals," and to the Golden Gate Chapter of the National Association of Social Workers: "Psychoanalysis and Pedagogy: Processes of Learning and Teaching.

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Sumner Shapiro will, with Lee Gold, teach a course at Woodview Hospital on "Emotional Problems in the Classroom" as well as consulting with Taft High School councelors for the Los Angeles City School System.

Dr. Pennington is teaching a course on "Growth and Development of the Child" at the Center for Early Education (School for Nursery Years). Dr. Lee Gold has given some guest lecture-discussions in this guest lecture course.

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Allen Enelow's recent activities have included: moderating panels and seminars at the American Medical Association Annual Meeting in June and the American Psychiatric Association Annual Meeting in May. In May he gave a paper on, "Postgraduate Psychiatric Education: The Ethnography of a Failure," to the American Academy of General Practice; also he spoke in May to the Arizona Academy of General Practice on "Psychosocial Aspects of Chronic Hemodialysis," and in June he spoke to the San Diego Academy of Medicine on "Psychoactive Drugs--A Two-Edged Sword." He recently published a book on "Psychiatry in Medical Practice," co-authored with Murray Wexler, Ph.D.

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Hilda Rollman-Branch gave a talk in Spanish to the Sociedad Argentina de Psicologia Medica, Psicoanalisiss y Medicina Psicosomatica, on "The Hermaphroditic Ideal and the Voice: Based on the Posthumous Work of Dr. Paul J. Moses," in Buenos Aires, August, 1966; also she has been promoted to Associate Clinical Professor at the UCLA Medical School.